PROFIT CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000069473 (3)

THE FRENCH HOUSE REALTY, INC.

## **FILED** Mar 16 1998 8:00am Secretary of State



| Principal Place of Business  |  | M                        | Mailing Address                               |                                      |                    |              |  |  |
|--|--|--------------------------|---|--------------------------------------|--------------------|--------------|--|--|
| 2550 NORTH FEDERAL HIGHWAY   |  |                          | 2550 NORTH FEDERAL HIGHWAY                    |                                      |                    |              |  |  |
| FORT LAUDERDALE FL 33305   |  | FORT LAUDERDALE FL 33305 |   |                                      |                    |              |  | DO NOT WOLLE IN THIS COLOR   |
|  |  |                          |   |                                      |                    |              | DO NOT WRITE IN THIS SPACE   |  |
|  |  |                          |   |                                      |                    |              |  | 3. Date Incorporated or Qualified 00/11/1006                                   |
|  |  |                          |   |                                      |                    |              | 09/11/1995   |  |
| 2. Principal Place of Business   |  | 2a. Mailing Address      |   |                                      |                    |              |  | 4. FEI Number Applied For  |
| 21   |  | 26                       |   |                                      |                    |              |  | 65-0605683 Not Applicable  |
| Suite, Apt. #, etc.  |  | ļ <sub>1</sub>           | Suite, Apt. #, etc.                           |                                      |                    |              |  | 5. Certificate of Status Desired S8.75 Additional                              |
| 22   |  | 27                       | · • · · · · · · · · · · · · · · · · · ·       |                                      |                    |              |  | Fee Required   |
| City & State   |  | 1-                       | City & State                                  |                                      |                    |              |  | Election Campaign Financing     \$5.00 May Be                                  |
| 23   |  | 28                       |   |                                      |                    | <del>.</del> |  | Trust Fund Contribution Added to Fees  |
| Zip  | Country  | 1 4                      | Zip   |                                      | ·                  |              |  | 8. This corporation owes or has paid the current year lotangible               |
| 24   | 25   | 29                       |   | 30                                   | [30]               |              |  | Personal Property Tax due June 30. Yes X/No                                    |
| 9. Name and Address of Current Registered Agent  |  |                          |   |                                      | 81                 | 1 61.        | ame  | 10. Name and Address of New Registered Agent                                   |
| COUCHOT, ALAIN   |  |                          |   | "                                    | IN                 | ame          |  |  |
| 2550 NORTH FEDERAL HIGHWAY   |  |                          |   | 82 Street Add                        |                    |              | reet Addre   | ess (P.O. Box Number is Not Acceptable)  |
| FORT LAUDERDALE FL 33305   |  |                          |   |                                      | 83                 | <u> </u>     |  |  |
|  |  |                          |   |                                      |                    | ļ            |  |  |
|  |  |                          |   |                                      | 84                 | Ci           | ilv  | 85 Zip Code  |
|  |  |                          |   |                                      |                    | "            | ''y  | FL 100 2 p cooc  |
| 11. Pursuant to the pro  | visions of Sections 607.0502   | and 0                    | 07.1508, Florida Statu                        | ules, the a                          | bove               | e-na         | med corpo  | oration submits this statement for the purpose of changing its registered      |
| office or registered agent I am familiar   | <b>ag</b> ent, or both, in the State c<br>with, and accept the obligat | it Flori<br>ions o       | da. Such change was<br>I. Section 607.0505. F | authorize<br>∃orida Sta              | ea by              | y the<br>s.  | corporatio   | on's board of directors. I hereby accept the appointment as registered         |
|  | ,                                |                          | .,  |                                      |                    |              |  |  |
| SIGNATURE Signature, by  | pist or pooted name of registered agent                                | and the                  | dappelicable (NC                              | OTE. Bogistore                       | ed Age             | ent sig      | nature required  | d whon reinstating) DATE   |
| 12. OF LICERS AND DIRECTORS 1  |  |                          |   |                                      |                    |              |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                              |
| TITLE D  |  |                          | DELETE  | 1.1 1                                | ITLE               |              | - T  | Change Addition  |
| NAME COUCHOT, ALAIN  |  |                          |   | 1.2                                  | 1.2 NAME           |              |  |  |
| STREET ADDRESS 2550 NORTH FEDERAL HIGHWAY  |  |                          | 1.3 \$  | 1.3 STREET ADDRESS                   |                    | RESS         |  |  |
| CITY-SY-ZIP FORT LAUDERDALE FL 33305   |  |                          |   | 140                                  | 1.4 CITY-ST-ZIP    |              | .  |  |
| TITLE DELETE 21  |  |                          |   |                                      |                    |              | _  | Change Addition  |
| NAME   |  |                          |   | 224                                  | 2.2 NAME           |              | ì  |  |
| STREET ADDRESS   |  |                          |   |                                      | 2.3 STREET ADDRESS |              | ecc  |  |
|  |  |                          |   |                                      |                    |              |  |  |
| the state of the s |  |                          |   | 4 CITY-ST- ZIP TITLE Change Addition |                    |              |  |  |
|  |  |                          |   | IAME                                 |                    |              | الماليون المراجع المرا |  |
|  |  |                          |   | 1                                    |                    | . ann        | Tec  |  |
|  |  |                          |   | TREET                                |                    |              |  |  |
|  |  |                          |   |                                      | CITY-S             | SI - ZIF     | <u></u>  | ☐ Change ☐ Addition  |
| TITLE  |  |                          | ם טנננוג                                      | - 1                                  |                    |              | 1  | T change T wontion   |
| ······   |  |                          |   | NAME                                 |                    |              |  |  |
| i i  |  |                          |   | TREET                                | ADDR               | KESS         |  |  |
|  |  |                          |   | ITY-S                                | 1- <b>2</b> IP     | <u> </u>     | The second secon |  |
| TITLE  |  |                          | DETETE  | 511                                  |                    |              | -  | Change Addition  |
| NAME   |  |                          |   | 5.2 N                                | IAME               |              | - 1  |  |
| STREET ADDRESS 5.3 ST  |  |                          |   | TAFET                                | ADDR               | RESS         |  |  |
| CITY-ST-ZIP  |  |                          |   | 5.4 0                                | ITY-S              | 1-71P        |  |  |
| TITLE  |  |                          | DELETE  | 6.17                                 | ITLE               |              |  | Change Addition  |
| NAME   |  |                          |   | 6.2 N                                | IAME               |              |  |  |
| STREET ADDRESS   |  |                          |   | 635                                  | TREET              | ADDR         | IFSS   |  |
| CITY-ST-ZIP  |  |                          |   |                                      | TY-S               |              | 1  |  |
|  | the information supplied will  | i this t                 | filing does not qualify                       |                                      |                    |              |  | Section 119.07(3)(i), Florida Statutes. I further certify that the information |

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.